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Patent
Case No.: 57121US002

32692
Customer Number

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: HAUCK, KARL P.

Application No.:   09/998699   Group Art Unit: 2673

Filed: November 30, 2001   Examiner: DHARIA, PRABODH M

Title: TOUCH SCREEN CALIBRATION SYSTEM AND METHOD

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

<table>
<tr><td colspan="2">CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]
I hereby certify that this correspondence is being:</td></tr>
<tr><td>☐</td><td>deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</td></tr>
<tr><td>☒</td><td>transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306.</td></tr>
<tr><td colspan="2">21 Dec. 2004   Signed by: Heather M. Bundy
Date</td></tr>
</table>

Dear Sir:

This is in response to the outstanding Office Action, dated September 29, 2004, in the above-identified application.

This Amendment is believed to be timely submitted. It is believed that no fee is due; however, in the event a fee is required, please charge the fee to Deposit Account No. 13-3723.

An Amendment Transmittal Form for payment of additional claim fees is attached. In the event any additional fee is due, please charge the fee to Deposit Account No. 13-3723.

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KHARLING 0
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

5712 1 US 00 2

CLAIMS AS FILED - PART I

	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
TOTAL CLAIMS	28	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	28 minus 20=	* 8
INDEPENDENT CLAIMS	6 minus 3 =	* 3
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

12/21/04

AMENDMENT A

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 29	Minus	** 28	= 1
Independent	* 6	Minus	*** 6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	1
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Indep ndent) is the highest numb r found in the appropriate box in column 1.